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Psychiatric Nurses' Practice with Parent who have Mental Illness

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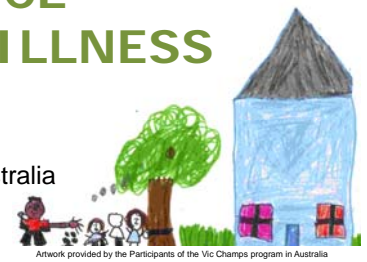
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PSYCHIATRIC NURSES' PRACTICE WITH PARENTS WHO HAVE MENTAL ILLNESS

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Background

Between a fifth and a third of adults receiving treatment from mental health services have children (Maybery et al., 2015). The needs of parents who have mental illness, their children and families are extensive and have been documented in multiple studies (Beardslee et al., 2012, Nicholson 2014).

25 to 50 percent of children who have a parent with a mental illness will experience some psychological disorder during childhood or adolescence and 10 - 14 percent will be diagnosed with a psychotic disorder at some point in their lives (Beardslee et al., 2012). While genetics play an important role in the transmission of mental disorders from parents to children, environmental factors are also critical, as the impact of a parent's illness on children is mediated by impaired parenting capacity and parent-child communication (Hansson et al., 2013).

Conversely, parental responsibilities may also affect parents' mental health and recovery (Nicholson 2014). Policy across several countries, including Ireland, recommends that general adult mental health services adopt a whole of family approach (Department of Health and Children 2006, Mental Health Commission 2007). This approach has the potential to meet the needs of parents whilst providing preventative health care for their children and family members (Lauritzen 2014).

While different professionals should work together to support these families, psychiatric nurses are in a unique position to engage in family focused practice (FFP). They are the largest staff group involved in the provision of mental health care and are often the first point of contact for parents who are receiving treatment in adult mental health services (Foster et al., 2012, Maybery et al., 2014).

Previous research has predominately focused on barriers to FFP, and while important, has not identified factors that predict and/or enable psychiatric nurses to support parents and their families.

This study represents a first attempt to identify factors that predict FFP and to explore how psychiatric nurses conceptualise FFP. Moreover, by drawing comparisons with psychiatric nurses in the Australian and Irish context it provides an international comparison and benchmark of FFP in each country.

On the basis of the results various recommendations addressing the future development of psychiatric nurses' FFP within the context of policy, practice, education and research are made.

Aims

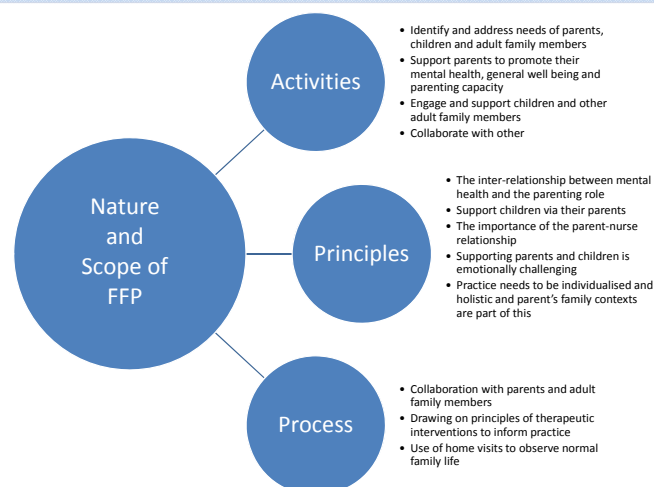
- This study aimed to:
 - Compare the extent of psychiatric nurses' FFP in Ireland and Australia,
 - Identify factors that predict and enable psychiatric nurses' FFP in Ireland,
 - Establish how high scoring Irish psychiatric nurses conceptualise FFP,
 - Determine how Irish psychiatric nurses' capacity to engage in FFP may be further developed.

Participants and methods

- In Study One, 343 psychiatric nurses practicing in 12 mental health services across Ireland completed the Family Focused Mental Health Practice Questionnaire (FFMHPQ).
- In Study Two, 14 psychiatric nurses who obtained high scores in the FFMHPQ completed semi structured interviews..
- Falkov's (2012) Family Model was used as a framework for the methodology and interpretation of the results.

Findings

- While the majority of psychiatric nurses in Ireland were not family focused and had lower mean scores than psychiatric nurses in Australia a substantial minority were family focused. Most of the higher scorers were practicing within the community setting. The most important predictors of FFP were skill and knowledge, followed by RPN group (acute versus community setting) and confidence around parenting and children generally. High scoring psychiatric nurses' FFP was complex and multifaceted, comprising various family focused activities, principles and processes..



Recommendations

- Practices consistent with FFP could be reflected in national practice standards and key performance indicators.
- The translation of policy to practice could be promoted through long term, multifaceted, implementation strategies, at multiple organisational levels.
- Undergraduate and post registration programmes need to promote psychiatric nurses' family focused knowledge, skills, attitudes and competencies to support parents who have mental illness, their children and families.